



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

Post Office Box 989002
West Sacramento, CA 95798-9002
Phone (916) 322-4000 Fax (916) 575-7290
www.bsis.ca.gov



COMPANY REQUEST FOR CHANGE OF ADDRESS

(Please type or print clearly)

Company Name: _____

License Number(s): _____

SSN or ITIN (Individual Owner Only) _____ FEIN (Partnership, Corporation, or Limited Liability Company) _____

Phone Number (including area code): _____

If you are using a P.O. Box or mail box service address as your mailing address, you must include a letter stating that mail is undeliverable at your location/physical address or you are operating out of your personal residence requesting to use a mailing address instead of your location address. You must also provide the address of your physical location. (CCR §606).

OLD BUSINESS ADDRESS:

Address: _____

City: _____ State: _____ Zip Code: _____

NEW BUSINESS ADDRESS:

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Location/Physical Address: _____

(Do not complete if the address is the same as the mailing address)

City: _____ State: _____ Zip Code: _____

Mail this form to the Bureau at the above address or fax to (916) 575-7290.

California Code of Regulations Section 606 (b) and the California Business and Professions Code, Sections 7508.6, 7566, 7587.14, and 7599.59 state that the Director may assess administrative fines against any licensee for failure to notify the Bureau within 30 days of any change of business address.

Name: _____ Date: _____
(Print name of authorized owner, partner, corporate officer, managing member, or qualified manager)

Signature: _____ Date: _____
(Signature of authorized owner, partner, corporate officer, managing member, or qualified manager)